

VACCINE AND ANTIVIRAL PRIORITIZATION ADVISORY COMMITTEE (VAPAC)

December 14, 2020 Meeting Minutes

Attendees:

Agency	Title	Name
ADHS	Director	Cara Christ, MD, MS
ADHS	VAPAC Facilitator, Assistant Director	Jessica Rigler, MPH, CHES
ADHS	VAPAC Administrator, EMSTS Bureau Chief	Rachel Garcia
ADHS - PHEP	PHEP Bureau Chief	Teresa Ehnert
ADHS - EDC	EDC Bureau Chief	Eugene Livar
ADHS - AIPO	AIPO Office Chief	Dana Goodloe
ADHS - Medical	PHEP Medical Director	Frank Walter, MD, FACEP, FACMT, FAACT
ADHS - Medical	EMS Medical Director	Gail Bradley, MD
ADHS - Medical	AIPO Medical Director	Karen Lewis, MD
ADHS	State Epidemiologist and Office of Infectious Diseases Chief	Ken Komatsu
ADHS	Deputy State Epidemiologist	Shane Brady, MPH
ADHS	Informatics Supervisor	Susan Robinson, MPH
Arizona Pharmacy Association	Chief Executive Officer	Kelly Fine, RPh, FAZPA
Arizona Medical Association	Chief Executive Officer	Libby McDannell, CAE
Arizona Nurses Association	Chief Executive Officer	Dawna Cato, PhD, RN, NPD-BC
Arizona American Academy of Pediatrics	Chief Executive Officer	Anne Stafford, MA
Arizona Tribal Emergency Council	Board Chairman	Michael Fila
Arizona Hospital and Healthcare Association	Executive Vice President	Debbie Johnston
Arizona Health Care Association	Executive Director	David Voepel
County Health Officer Collaborative Team	Navajo County Public Health Director	Jeff Lee
	Pima County Public Health Director	Theresa Cullen, MD
	Maricopa County Public Health Disease Control Division Medical Director	Rebecca Sunenshine, MD
	Yavapai County Public Health Director	Leslie Horton
	Yuma County Public Health Director	Diana Gomez
Subject Matter Experts	AHCCCS Chief Medical Officer	Sara Salek, MD
	HonorHealth Senior Vice President and Chief Clinical Value Officer	Stephanie Jackson, MD, FHM
	Dignity Health Chief Physician Executive	Keith Frey, MD, MBA

Announcements, Updates, and Opening Discussion

- On December 11, the FDA issued an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine.
- On December 12, the American Committee on Immunization Practices (ACIP) convened and issued an interim recommendation for the use of the vaccine.
- On December 13, CDC published a Morbidity and Mortality Weekly Report summarizing these findings.
- The purpose of today's VAPAC meeting is to review key information from the EUA, ACIP interim recommendation, and the MMWR in an effort to determine if the VAPAC recommendations from the December 3 VAPAC meeting are still appropriate.
- One participant noted that some specialties were not specifically included in Phase 1A documentation. One of the local allocating agencies stated that all health care providers with direct patient contact would be included in that initial phase and that health care providers that did not provide direct patient care (administrative only) would be included in Phase 1B. The rest of the committee concurred with this assessment.

Discussion Question 1 - Do VAPAC members agree that Pfizer/BioNTech COVID-19 vaccine should be administered to patients as recommended by the FDA Emergency Use Authorization and CDC's Advisory Committee on Immunization Practices, including the following?

Key Points:

- Recommended for persons age 16 and older regardless of history of COVID-19 infection;
- Recommended for persons with underlying medical conditions, immunocompromised persons, and women that are pregnant, breastfeeding, or lactating unless otherwise contraindicated;
- Special clinical considerations by a licensed health care provider for persons with a history of allergic reaction to vaccine components (NOT recommended for persons with a history of anaphylaxis to vaccine components);
- Administer second dose at 21 days after the first dose (or if >21 days the second dose should be administered as soon as the patient is able to return and the series should not be restarted);
- Avoid co-administration of any other vaccines 14 days before or after receiving Pfizer COVID-19 vaccine; and
- Defer vaccination for 90 days for persons who received recent treatment with any monoclonal antibodies or convalescent plasma for COVID-19.

Result: No discussion, no opposition.

Discussion Question 2 - Do VAPAC members agree that the VAPAC December 3, 2020 recommendations and priority groups align with the updated FDA EUA and CDC ACIP recommendations?

Result: No discussion, no opposition.

Discussion Question 3 - Do VAPAC members agree that vaccinated persons and personnel at all vaccine administration sites should still follow public health recommendations, including wearing masks, social distancing, and other precautions to avoid the spread of COVID-19?

Discussion:

- One participant noted that it will not be possible to maintain 6 feet social distancing when administering vaccine and that PPE will be required.

Result: No opposition.

Discussion Question 4 - Do VAPAC members agree that Pfizer-BioNTech COVID-19 vaccine should be prioritized for large metropolitan areas or sites with ultra-low freezer storage capacity, and Moderna COVID-19 vaccine should be prioritized for rural or smaller sites?

Discussion:

- Some rural hospitals feel they have the ability to handle the Pfizer vaccine with its ultra-low temperature requirements.
- Other rural jurisdictions stated that they would rather have the Moderna vaccine, which offers a higher degree of flexibility.
- A representative from one of the large jurisdictions stated that they would be able to take a disproportionate amount of the Pfizer vaccine to allow other jurisdictions to have the Moderna vaccine instead.
- Another smaller jurisdiction agreed that it would be better to have Moderna based on the requirements.
- The State indicated that they were looking to see if it would be possible to push more of the Pfizer vaccine to larger sites and have Moderna sent to smaller sites.

Result: No opposition

Discussion Question 5 - Do VAPAC members agree that local allocator jurisdictions should be able to provide sub-prioritization recommendations for priority populations while supplies are limited?

Discussion:

- One county noted that they have already worked with health care systems and other stakeholders to make sure that health care workers in long-term care settings are prioritized and that vaccine administration would be equitable and based on actual risks. The county representative stated that they would like to be able to continue this type of prioritization going forward.
- Another jurisdiction stated that they would like the same type of flexibility when allocating during Phase 1A – Phase 1C.
- It is very important to have consistent communication. People need to know which groups are prioritized in which area.

- One participant noted that physicians are asking about the differences (in prioritization) between counties. It will be important to have that information for each county so it can be communicated to the vaccination groups as well as the public.
- The State noted that it will be possible to collect and distribute this information at the state level when it becomes available at the local level.

Result: No opposition

Discussion Question 6 - Do VAPAC members agree that the Vaccine and Antiviral Prioritization Advisory Committee should be reconvened to vote on a statewide transition to Phase 1B or 1C?

Discussion:

- It was suggested that the VAPAC should reconvene when it is time to transition to Phase 1B.
- Another participant stated that the committee should definitely reconvene before Phase 1A is exhausted.
- One participant wondered if the whole state should wait to initiate Phase 1B until all the large counties were finished with 1A.
- There are many ways to approach this transition and the VAPAC should reconvene when appropriate to facilitate the transition. It may be a viable strategy for some of the smaller counties to transition to Phase 1B while the larger counties finish up with Phase 1A.
- Redistribution to larger counties may also be an option to support a statewide transition to Phase 1B.
- It was discussed that the two-dose schedule might make it practical to administer some Phase 1B vaccinations while allocators wait for the second doses to arrive for some 1A vaccinations.
- It was reiterated that the federal government would be holding on to vaccine for the second doses, and that some second doses would arrive along with first dose allotments. Some of the second dose amounts may be smaller due to vaccine uptake issues.
- No one was opposed to meeting before Phase 1A is complete.
- The group agreed that a standing meeting every other week would be a good idea.

Result: No opposition